

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AD FLD		ADJUDICATED		ADJUDICATED			AD FLD		ADJUDICATED		ADJUDICATED	
	CHD	DEP	CHD	DEP	CHD	DEP		CHD	DEP	CHD	DEP	CHD	DEP
1							31						
2							32						
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50													
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	17						TOTAL DEP.						
TOTAL CLAIMS	20						TOTAL CLAIMS						